

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED  SUBJECT INFORMATION	1. DATE OF INCIDENT <b>21-NOV-2015</b>	TIME <b>22:05:00</b>	2. ADDRESS OF OCCURRENCE <b>3151 W HARRISON ST CHICAGO, IL 60612</b>	3. LOCATION CODE <b>280</b>	4. BEAT/OCUR <b>1134</b>					
	5. POSITION <b>9161</b>	6. LAST NAME <b>VALENTIN</b>	7. FIRST NAME <b>ANTONIO J</b>	8. STAR NO <b>15362</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>S</b>	11. AGE <b>508</b>	12. HT. <b>178</b>	13. WT. <b>508</b>	
	14. DATE OF APPT. <b>02-AUG-1999</b>	15. EMPLOYEE NO. <b>[REDACTED]</b>	16. UNIT & BEAT OF ASSIGNMENT <b>313 6758B</b>	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
	20. LAST NAME <b>BOOKER</b>	21. FIRST NAME <b>RICHARD</b>	22. M.L. <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	23. SEX <b>BLK</b>	24. RACE <b>25. D.O.B.</b> <b>26-JUL-1977</b>	26. HT. <b>606</b>	27. WT. <b>170</b>			
	28. ADDRESS <b>11842 S PEORIA ST CHICAGO, IL 60643</b>	29. TELEPHONE NO. <b>[REDACTED]</b>	30. WAS SUBJECT ARMED? OTHER (SPECIFY) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>MOUNT SINAI HOSPITAL</b>	34. BY WHOM? <b>ER DOCTOR</b>	35. CONDITION <input checked="" type="checkbox"/> 03 Hospitalized	36. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 04 Not Hospitalized	37. CB NO. <b>19226244</b>	38. IR NO. <b>[REDACTED]</b>	39. DNA <b>[REDACTED]</b>			
	40. CHARGES PLACED <b>720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-1</b>	41. PASSIVE REGISTER	42. ACTIVE REGISTER	43. ASSAULT/ASSAULT	44. ASSAULT/BATTERY	45. ASSAULT/DEADLY FORCE				
	<b>SUBJECTS ACTIONS</b>	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	FLED <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>				
	<b>MEMBER'S RESPONSE</b>	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>	PULLED AWAY <input checked="" type="checkbox"/>	OTHER _____	ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>	WEAPON <input type="checkbox"/>				
		OTHER _____	OTHER TWISTED BODY _____	OTHER _____	OTHER _____	OTHER _____				
46. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)	47. ADDITIONAL INFORMATION									
POSITION	STAR NO.	UNIT								
48. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	49. WEAPON SERIAL NO. (Include Letters) <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	50. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	51. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	52. WEATHER CONDITIONS <b>CLEAR</b>	53. CALIBER/GAUGE					
54. SPECIAL WEAPON CERTIFICATE NO.	55. PROPERTY INVENTORY NO.	56. TYPE OF AMMUNITION USED	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.	58. TOTAL NO. OF SHOTS MEMBER FIRED						
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO	61. NO OF CARTRIDGES/SHOT SHELLS RELOADED	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input checked="" type="checkbox"/> 02 CROSS DRAW	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO				
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5FT. <input type="checkbox"/> 02 6 - 10 FT. <input type="checkbox"/> 03 10 - 15FT <input type="checkbox"/> 04 OVER 15 FT									
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify)									
70. CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
SIGNATURES	71. REPORTING MEMBER (Print Name) <b>VALENTIN, ANTONIO J</b> <b>21-NOV-2015 23:29:17</b>	STAR/EMPLOYEE NO. <b>15362</b>	SIGNATURE	72. EVENT NO. <b>1532513044</b>						
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
	73. REVIEWING SUPERVISOR (Print Name) <b>LOHMAN, ROBERT J</b>	STAR NO. <b>1292</b>	SIGNATURE	74. DATE REVIEWED <b>21-NOV-2015 23:32:15</b>	TIME <b>21-NOV-2015 23:32:15</b>					

LOG# 1078178

Attachment 14

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

76. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE  DNA  REFUSED  INTERVIEW NOT CONDUCTED (Specify Reason)

The offender was being treated at Mt Sinai at the time of this report.

78. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

R/Lt believes with the information provided at this time that the officer's actions were in compliance with Department procedures and directives.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED \_\_\_\_\_

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

HARRIS, DAVID G

SIGNATURE



DATE COMPLETED TIME

21-NOV-2015 23:51:29

79. TOTAL FRR'S THIS EVENT No.